MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

08/952996

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP	IND.	DEP	IND	DEP
	IND.	DEP.	IND.	DEP.	IND.	DEP								
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		6-1		1			54							
5		1-1		1			55							
6		1-1		1			56							
7		1-1		1			57							
8		1-1		1			58							
9		1-1		1			59							
10		1-1		1			60							
11		1-1					61							
12		1-1		1			62							
13		1-1		1			63							
14		1-1		1			64							
15		1-1		1			65							
16		1-1		1			66							
17		1-1					67							
18		1-1		1			68							
19		1-1		1			69							
20		1-1					70							
21		1-1		1			71							
22		1-1		1			72							
23		1-1		1			73							
24		1-1		1			74							
25		1-1		1			75							
26		1-1		1			76							
27		1-1					77							
28	1		1				78							
29	1		1				79							
30		1					80							
31		1-1		1			81							
32		1-1		1			82							
33			1				83							
34				1			84							
35				1			85							
36				1			86							
37				1			87							
38				1			88							
39				1			89							
40				1			90							
41				1			91							
42				1			92							
43				1			93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP							
TOTAL CLAIMS							TOTAL CLAIMS							

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENT